



NAUGATUCK PARK & RECREATION DEPARTMENT

607 Rubber Ave. Naugatuck, CT 06770
203-720-7043 Fax: 203-720-7214

Liability Waiver

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this activity or program.

I, _____ am fully aware that participation in Public Open Swim at Naugatuck High School, may result in risk of personal injury or harm. I hereby agree to release and hold harmless the Borough of Naugatuck, its officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form. I voluntarily sign it and hereby give permission to the Borough of Naugatuck for emergency transportation and/or treatment in the event of illness or injury. I also understand that my own medical and/or disability insurance will be used in the event of any injury and I will be directly responsible for my own medical costs. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify I am in good physical condition, and have no medical or physical conditions that would restrict my participation in this activity or program.

Participant's Signature

Date

Participant's Signature

Date

Participant's Signature

Date

Participant's Signature

Date

Parent/Guardian Signature

Date

INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance.¹ Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date

¹ Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19